



LINCOLN PARKS & RECREATION DEPARTMENT
2740 "A" Street Lincoln, NE 68502
402-441-7847 fax: 402-441-8706 lincoln.ne.gov

IRVING RECREATION CENTER SUMMER DAY CAMP

Immunization Records

Dear Day Camp Family:

Nebraska Department of Health and Human Services (DHHS) regulations include an immunization record requirement for all licensed child care centers. In order to be in compliance, a copy of your child's most current immunization record must be on file in the rec. center office and available for review by DHHS.

Please submit ONE of the following documents to verify immunization status by May 22:

- Documentation of age-appropriate immunization;
- Certification by a physician, advanced practice registered nurse, or physician assistant that immunization is not appropriate for a stated medical reason; or
- A written statement that the parent or guardian does not wish to have the child immunized and the reasons for that decision.

You may use the form on the back of this page—or *any other suitable document detailed above*—to provide Irving Recreation Center with your child's immunization record.

Thank you for your understanding and cooperation. If you have any questions about this request, please contact me at 402-441-7954 or rlingard@lincoln.ne.gov

Sincerely,

Rick Lingard
Center Director



Please return this form (or similar) by May 22, 2015.



IMMUNIZATION CERTIFICATE

LOCATION: _____
(Please fill out one form for each child.)

CHILD'S FIRST AND LAST NAME: _____

VACCINE	TYPE OF VACCINE	Dose	Normal Schedule	Date Given Mo. Day Yr.			DOCTOR OR CLINIC ADMINISTERING
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6-18 mo.				
		4	4-6 yrs.				
DTP/DT/DTaP Diphtheria Tetanus Pertussis		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	15-18 mo.				
		5	4-6 yrs.				
Tdap		1	11-18 yrs.				
Td/Tetanus and Diphtheria							
Hib Haemophilus influenzae b		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12-15 mo.				
M-M-R		1	12-15 mo.				
		2					
Hepatitis A		1					
		2					
Hepatitis B		1					
		2					
		3					
Varicella Chickenpox date of disease		1	12-18 mo.				
		2					
Meningococcal Conjugate		1					
PCV Pneumococcal Conjugate		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12-15 mo.				
Rotavirus		1	2 mo.				
		2	4 mo.				
		3	6 mo.				

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian or Physician

Date